

**NERINX HALL ALUMNAE TRANSCRIPT RELEASE FORM**

**ALUMNAE TRANSCRIPT RELEASE FORM DIRECTIONS**

**1) Complete the form below with all information including year of graduation and be sure to include your signature.**

**2) You may request your transcript either via fax or mail.**

**BY FAX: \_\_\_\_\_ OR BY MAIL: Nerinx Hall**  
**ATTENTION COUNSELING Attention: Counseling Office: Transcript**  
**314-968-7297 530 East Lockwood**  
**St. Louis, MO 63119**

**3) Transcript requests cannot be processed without the graduate's signature**

**4) If you have questions, please call 314-968-1505, ext. 123**

**Student's Full (Maiden) Name: \_\_\_\_\_**

**Graduation Year: \_\_\_\_\_**

**Phone Number: \_\_\_\_\_**

**I am requesting my transcript record be sent to:**

**(one request per form)**

**Name of Organization or School (required)**

**Attention: \_\_\_\_\_**

**Address: \_\_\_\_\_**

**City, State, Zip: \_\_\_\_\_**

**OR**

**I am requesting my transcript to be faxed to the organization or school above at the following number:**

\_\_\_\_\_

**Purpose: \_\_\_\_\_ transfer schools \_\_\_\_\_ scholarship \_\_\_\_\_ other: \_\_\_\_\_**

**I understand that my full transcript will be released to the party listed above and give Nerinx Hall permission to do so.**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**